



City of Cambridge
Executive Department
795 Massachusetts Avenue
Cambridge, MA 02139
Ph. 617-349-4300 F 617-349-4307

Robert W. Healy, City Manager

Richard C. Rossi, Deputy City Manager

FILMING REQUEST

Date of Request: _____

Name of Filming Company: _____

Contact Person: _____

Phone Number(s): Work _____ **Cell/Pager** _____

Filming Date: Start _____ **Finish:** _____

Type of Film: ____ **Documentary** ____ **Commercial** ____ **Person on Street**

____ **Other (please explain):** _____

Start Time: _____ **a.m./p .m.** **Finish Time:** _____ **a.m./p. m.**

Filming Location(s):

1. _____

2. _____

3. _____

Number of People in Filming Crew: _____

Type of Equipment Used During Filming: _____

Number/Type of Vehicle(s): _____

Will Parking Spaces be Required: _____ NO _____ YES

If yes, how many: _____

Will Street(s) Be Blocked to Vehicular Traffic: _____ NO _____ YES

If yes, which street(s)? _____

From (Street): _____ **To (Street):** _____

Will Sidewalk(s) be Blocked to Pedestrian Traffic: _____ NO _____ YES

If yes, which sidewalk(s)? _____

From (Street): _____ **To (Street) :** _____

Please complete and FAX this form to the City Manager's Office (617) 349-4307 or email to dsquires@cambridgema.gov.

Questions regarding this form should be referred to the City Manager's Office @ (617) 349-4300.